

Long Term Care Visitation Guidance 3.18.2021

NOTE: Outdoor visitation is preferred even when the resident and visitor are [fully vaccinated*](#) against COVID-19

Background

On Wednesday, March 10, 2021, the Centers for Medicare and Medicaid Services (CMS), in conjunction with the Centers for Disease Control and Prevention (CDC), updated visitation guidance for post-acute care facilities, including long-term care facilities, factoring in vaccination status. The following is the summary of this guidance and the recommendations for Iowa facilities.

It should be noted that relaxing current restrictions on indoor visitation might increase the risk for transmission of COVID-19 in post-acute care facilities. However, vaccination of residents and healthcare personnel can mitigate some of these risks, and expanding visitation has substantial benefits to residents. Facilities should continue to regularly vaccinate new admissions and HCP.

Infection Control Recommendations for all Visit Types

- Screening of everyone entering the facility for signs and symptoms of COVID-19 (*including temperature checks, questions about, and observations of signs or symptoms*), and denial of entry of those with signs or symptoms **OR** those who have had close contact with someone with COVID-19 infection in the prior 14 days (*regardless of the visitor's vaccination status*)
- Hand hygiene (*use of alcohol-based hand rub is preferred*)
- Face covering or mask (*covering mouth and nose*)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (*e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene*)
- Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (*e.g., separate areas dedicated to COVID-19 care*)
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see [QSO20- 38-NH](#))

NOTE: If the resident is [fully vaccinated*](#), they can choose to have close contact (*including touch*) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. However, visitors should always physically distance from other residents and staff in the facility.

Outdoor Visitation

Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations (*e.g., inclement weather, excessively hot or cold temperatures, poor air quality*) or an individual resident's health status (*e.g., medical condition(s), COVID-19 status*) may hinder outdoor visits.

For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate [infection control and prevention practices](#) should be adhered to.

Indoor Visitation

Facilities should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time (*based on the size of the building and physical space*) may affect the ability to maintain the [core principles of infection prevention](#). If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.

During indoor visitation, facilities should limit visitor movement in the facility. If possible, visits for residents who share a room should not be conducted in the resident's room. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

Visitation for facilities with **NO** COVID-19 case(s) in either residents or staff during the previous 14 days

Limit visitation for any resident that is **not** [fully vaccinated*](#) **IF:**

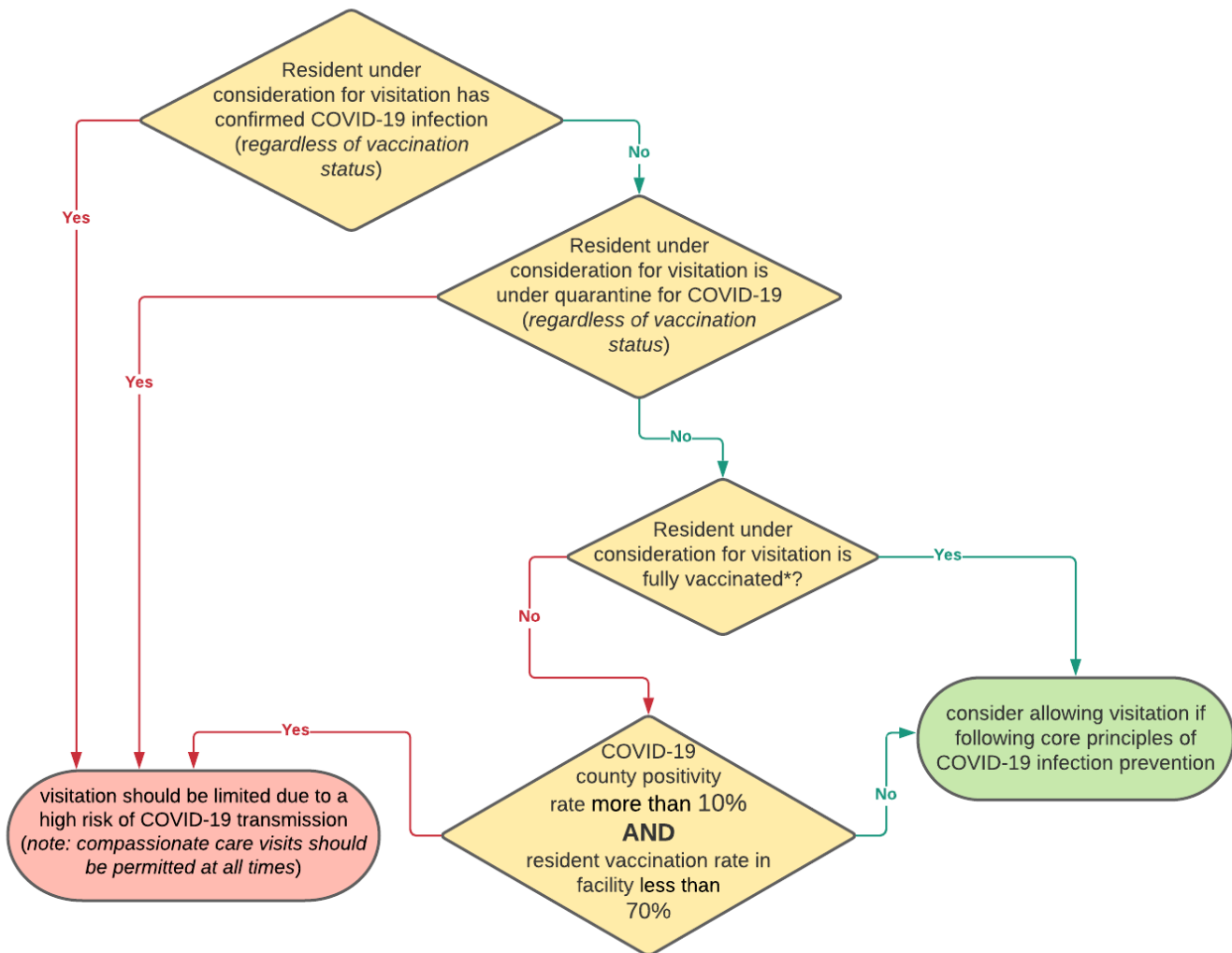
- the resident is currently infected with COVID-19, **OR**
- the resident is currently quarantined for COVID-19, **OR**
- the COVID-19 county positivity rate is more than ten percent (**>10%**) **AND** less than seventy percent (**<70%**) of residents in the facility are [fully vaccinated*](#)

Limit visitation for any resident that is [fully vaccinated*](#) **IF:**

- the resident is currently infected with COVID-19, **OR**
- the resident is currently quarantined for COVID-19

If all criteria cannot be met, visitation should be limited due to a high risk of COVID-19 transmission ([see flowchart on page 3](#)).

**Indoor Visitation in facility with no case(s) in either residents or
staff during previous 14 day period**



Visitation for facilities **WITH** COVID-19 case(s) in either residents or staff during the previous 14 days

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (*except that required under federal disability rights law*), until at least one round of facility-wide testing is completed.

Consider resuming visitation based on the following criteria ([see flowchart on page 5](#)):

- If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units **WITH NO COVID-19 cases**. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing, AND
- The facility/area/units meets are previously highlighted criteria in the section ‘Visitation for facilities with no COVID-19 case(s) in either residents or staff during the previous 14 days’

If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

NOTE: While the above describes how visitation can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing. If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas/units of the facility, then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing

***Fully vaccinated:** ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine

Additional Resources

- CDC - Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>
- CMS – Fact Sheet: CMS Updates Nursing Home Guidance with Revised Visitation Recommendations: <https://www.cms.gov/newsroom/fact-sheets/cms-updates-nursing-home-guidance-revised-visitation-recommendations>
- COVID-19 in Iowa – Positive Case Analysis: <https://coronavirus.iowa.gov/pages/case-counts>
- CMS – COVID-19 Nursing Home Data: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>
- CMS – Nursing Home Visitation – COVID-19 (REVISED) 3.10.21: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

This guidance is subject to change as federal guidance is released and clarified, and as additional Iowa-specific data is collected.

Indoor Visitation in facility with case(s) in either residents or staff during previous 14 day period

